## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail  Fax				Washington,	D.C. 20231	Profits be completed where
INSTRUCTIONS: This form appropriate. All further correlindicated unless corrected be	should be used for transpondence including the low-or directed otherwise	mitting the ISSUE FEE attent, advance orders and in Block I, by (a) specify	and PUBLICA notification of ring a new cos	TION FEE (if f maintenance fi respondence add	required). Blocks 1 through 4 a bes will be mailed to the current tress; and/or (b) indicating a sep	hould be completed where correspondence address as grate "FEB-ADDRESS" for
Alicia Griffin Mills FREDRIKSON & BYRON, P.A.  NEKKHHKKKKKKKKKKKKK  4000 Pillsbury Center  902 ENESOKENEGO ROOK  200 South Sixth Street				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Cartificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmital is being deposited with the United States Fostal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.		
Minneapolis, MN 55402				Theresa Russek (Deposited name)		
Cust. No. 022859				(Signature)		
-class. No. valous				August 19, 2002 (Dian)		
OTITION	FIRST NAMED INVEN		OR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
APPLICATION NO. 09/918,285	97/30/2001		vid A. Stampe		38515.06	2415
TITLE OF INVENTION: AP				CATION FEE	TOTAL FEE(S) DUE	DATE DUE
/PPLN. TYPE	SMALL ENTITY NO	ISSUE FEE \$1280	PUBLE	\$300	\$1580	10/29/2002
EXAMINER ART UNIT CLASS-SUBCLASS HAYES, BRET C 3644 119-174000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  The patent front page, list (1) the names of up to 3 registered patent attorneys FREDRIKSON & BYRON, P						
Or Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  O "Fee Address" indication (or "Fee Address" Indication forth PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer in listed, no name will be printed.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)						
3. ASSIGNEE NAME AND PLEASE NOTE: Unless ar been previously submitted (A) NAME OF ASSIGNEE DAVID A. S'	assignee is identified below the USPTO or is being s	ow, no assignee data will a ubmitted under separate co (B) RESII	on the poser on the poser. Completic DENCE: (CIT!	stent. Inclusion n of this form is and STATE OF	of assignee data is only appropri NOT a substitute for filing an ass CCOUNTRY)	ate when an assignment has signment.
Please check the appropriate assignce category or categories (will not be printed on the patent)  4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):						
A check in the amount of the fee(s) is enclosed.						
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